- 1	₹	70
٦	ſ	T
J	•	2
7	-	-
- [	•	
1	_	2
1	•	<
7		Ď
1	Ξ	=
1	ξ	
ł	له	
l	להנו	
	_	
	(	)
	Ż	<b>\</b>
	<u>_</u>	J
	7	

- AIEN	APPLICATION   Substitute	ersons are required to resp FEE DETERMINAT For Form PTO-875	ION RECORD	niormation unie	Annies a	PTO/SB/DE /31/2006. OMB 06 RTMENT OF COM ratid OMB control
1					1/7	Occide Number
CI	AIMS AS FILED -	PARTI	•		100	16
	(Cotumn 1)	(Column 2)	C11411			OTUGO THE
FOR	Musee		SMALL	ENTITY	<b>Q</b> R	OTHER THAN SMALL ENTITY
BASIC FEE (37 CFR 1.15(a))	NUMBER FILED	MUMBER EXTRA	0.77			OUTSEC ENTIT
TOTAL CLAIMS			RATE	FEE	l a	ATE FE
(37 CFR 1.16(d)				3	00	
MOEPENDENT CLAIMS	minus 20 +	•	X 5 =		OR	<u>  '</u>
137 CFR 1.16(b))	minus 3 =		1		OR Xs_	_ =
MULTIPLE DEPENDENT CLAI			× s =	1	00	
		R 1.16(d))			OR XS_	==
* If the difference in column 1	is less than zero entre an		/ <del>                                     </del>		OR +,	. 1
_	Zero, eraer O	in column 2.	TOTAL			<del></del>
CLAIMS	AS AMENDED – PA	DT "			OR TOT	AL.
5C		17.1 H				-
)-3-03 (Colum	m 1) (C	olumn 2) (Column 3)				
CLA	MS HIE	Column 2) (Column 3)	. SMALL EN	TITY	OR O	THER THAN
Z /21/OS AFTI	ER NU	MAFR PRECENT	1		SN	MALL ENTITY
AMEND AMEND	MEANT PREV	HOUSLY EXTRA		ADDI-	RATE	
O O' CFR 1.16(e)	Minus "	20	<b> </b>	IONAL FEE		ADDI- TIONAL
LI (1) CFR 1.16(0))	7 Minus ···	26 /	x.25 =		<b> </b>	FEE
\$ (max 1.140)		1 =		O#	x x 50	-
FIRST PRESENTATION OF M	JETIPLE OCCUPATION		x 3/00 =	OR	x.200	
	TE DEPENDENT CLAIM	(37 CFR 1.16(d))	+180=		1	
			TOTAL	OR	1.360	=
(Column			ADD'L FEE	OR	TOTAL	
CLAIMS	(CON				ADD'L FEE	· L
	IG HIGHE	ST				
TOIS AMENDME TOIS AMENDME TOIS (3) CFR 1.18(c) / 38 Independent (3) CFR 1.18(b)	PREVIOU	JSLY FXTDA	RATE V AD	01-1		T
(3) CFR 1.18(cj)	Atinus "	OR	<b>₹ 10</b> 1	VAL	RATE	ADDI-
Independent	1/38	1 7	T FE	<u>E</u>	<b></b>	TIONAL
(31 GR 1.16(0))	Minus	1	x 125 =	7 98	x 150 =	7
FIRST PRESENTATION OF			W100=	A/		+-
FIRST PRESENTATION OF MULT	IPLE DEPENDENT CLAIM	37 CFR 1.16(d))		OR '	x:200=	
			OTAL	OR	1360.	
		Å	DO'L FEE	¬ . `	TOTAL	<del> </del>
(Column 1)	(Column			OR	ADD'L FEE	
CLAIMS REMAINING	HIGHEST				J '	
AFTER	NUMBER PREVIOUS	1	RATE ADDI	7 (		
Total	PAID FOR	Y EXTRA	RATE ADDI-		RATE	ADDI-
07 CFR 1.18(cl)	Minus **	T=	FEE	]	- 1	TIONAL
rdepandent FCFR (.15(b))	Minus ···		25 =	1	<del></del>	FEE
	]	1.	100=	- OR L	x s <u>50</u> =	1
RST PRESENTATION OF MULTIPL	E DEPENDENT CLASS		100=	OR ,	: Z00.	
	(37)	CFR 1.15(0)) + s	180-	1 5		
	the entry in column 2, we Paid For IN THIS SPACE		AL	J OR L	360 OTAL	1.
he entry in column 1 is less that he "Highest Number Previously he "Highest Number Previously he "Highest Number Previously P			T FEE			

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1.800.PTO.9199 and select option 2.